

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/03/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175418	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2015
NAME OF PROVIDER OR SUPPLIER PROVIDENCE LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1112 SE REPUBLICAN TOPEKA, KS 66607		
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F 000	INITIAL COMMENTS	F 000			
F 226 SS=C	<p>The following following citations represent the findings of a Health Resurvey and Complaint Investigation # KS00082702.</p> <p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 76 residents. Based on record review and interview, the facility failed to provide an Abuse, Neglect and Exploitation/Misappropriation (ANE) policy that included all 7 key components for abuse prohibition referenced in the section 1150B of the Social Security Act related to "Reporting Reasonable Suspicion of a Crime in a Long Term Care Facility", referenced in the Survey and Certification (S and C) letter 11-30 NH dated 6/17/11 and revised 1/20/12.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - The undated Abuse, Neglect and Exploitation/Misappropriation (ANE) policy did not contain "Identification" as one of the 7 key components. <p>An interview on 6/2/15 at 8:20 A.M. with administrative nursing staff D stated he/she believed " identification " was grouped with "</p>	F 226			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 226	Continued From page 1 screening " for the 7 key components of their ANE policy. He/she stated he/she needed to add the required information from the S and C letter. The Abuse, Neglect and Exploitation/Misappropriation Policy, not dated, revealed " Screening " , one of the 7 key components, included: Upon potential for hire the facility will check job references, contact any applicable licensing or certifying agency, and conduct criminal background checks as required by the State regulatory agency. The policy failed to have the Identification component. The facility failed to provide an ANE policy that included Identification as one of the 7 key components for abuse prohibition.	F 226			
F 247 SS=D	483.15(e)(2) RIGHT TO NOTICE BEFORE ROOM/ROOMMATE CHANGE A resident has the right to receive notice before the resident's room or roommate in the facility is changed. This REQUIREMENT is not met as evidenced by: The facility identified a census of 76 residents. The sample included 17 residents. Based on observation, record review, and interview the facility failed to provide notice prior to receiving a new roommate to 1 (#4) of the sampled residents. Findings included: - During an interview on 5/27/15 at 11:13 A.M.	F 247			

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F 247	<p>Continued From page 2</p> <p>with resident #4 revealed the facility failed to give him/her notice prior to new roommates moving into his/her room.</p> <p>Review of the clinical record lacked evidence of the facility providing notification to the resident prior to new roommates.</p> <p>Review of the census lists provided by the facility revealed the resident had 4 different roommates since January 2015.</p> <p>Observation on 5/27/15 at 11:14 A.M. revealed the resident sat on his/her bed and his/her roommate was present.</p> <p>Interview on 6/1/15 at 3:20 P.M. with administrative staff B revealed staff notified residents prior to room and roommate changes. Staff B reported resident #4 preferred to have a private room but did not have funds for that. Staff used this resident's room for temporary placement of residents in emergent situations when there was conflict between other roommates. Staff B reported the resident had given approval for this but staff did not have documentation regarding that conversation.</p> <p>Interview on 6/2/15 at 7:15 A.M. with administrative nursing staff D revealed staff were to notify residents prior to new roommates and room changes.</p> <p>The policy provided by the facility with a revision date of 8/2011 regarding room changes revealed when possible staff provided notice to residents residing in semi-private rooms prior to receiving a new roommate.</p>	F 247			

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F 247	Continued From page 3	F 247			
F 253 SS=E	<p>The facility failed to provide notice to this resident prior to receiving multiple room mates.</p> <p>483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 76 residents. Based on observation and interview the facility failed to provide a comfortable and clean environment and failed to store oral care equipment in a hygienic manner for residents on 4 of 4 days on 2 of 2 hallways.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Environmental tour on 6/2/15 at 9:20 A.M. to 10:45 A.M. with maintenance staff X revealed the following: <p>The north hallway revealed a broken towel rack, torn linoleum at the bathroom doorway, dusty window blinds, a torn and dirty window curtain, a hole in the bathroom door, and torn strips in the bathroom doorway.</p> <p>The south hallway revealed a paint splotches on resident walls and bathroom walls, scrapes on room walls and door frames, holes in walls, torn linoleum at the bathroom doorway, dusty window blinds and window seals, and a cable cord outlet without a cover.</p>	F 253			

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F 253	Continued From page 4 Throughout the environmental tour on 6/2/15 maintenance staff X acknowledged the above concerns and stated facility staff completed and submitted to maintenance a work order when a repair was required. The reviewed policy and procedure dated 8/2011 titled Facility Maintenance revealed the facility environment would be maintained to ensure a clean, maintained and safe building for residents, staff, and visitors. The facility failed to maintain a clean and comfortable environment. - On 5/27/15 to (-) 5/28/15 at 12:00 P.M. unlabeled oral care equipment were stored in a single cup in bathrooms of rooms with dual occupancy. On 6/2/15 at 9:11 A.M., direct care staff O stated staff should label and store oral care equipment in separate containers. On 6/2/15 at 1:51 P.M. administrative nursing staff E stated staff should label and store oral equipment in separate containers The facility failed to store oral care equipment in a hygienic manner.	F 253			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to	F 323			

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F 323	<p>Continued From page 5 prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 76 residents. Based on observation, record review and interview, the facility failed to store chemicals out of reach of 15 cognitively impaired and independently mobile residents identified in the facility and remove broken glass from a fire alarm in 1 of 2 resident halls.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Observation on 5/27/15 at 9:08 A.M. revealed the South Hall maintenance closet was unlocked and contained a 16 ounce bottle of Hot Shot Maxattrax roach killing powder with bionic acid, 1 quart of ultra-disinfectant detergent, 120 fluid ounces of Paint thinner, and approximately a 3 gallon jug of Green Gobbler Drain and Sewer opener/degreaser. All chemicals were labeled "Caution: Keep out of reach of children". <p>An observation on 5/27/15 at 9:33 A.M. revealed the fire alarm on the North Hall did not have a covering for the fire alarm case and broken pieces of glass rested at the bottom of the case.</p> <p>An observation on 5/27/15 at 11:29 A.M. at the South Hall nurses' station revealed a 4.5 ounce canister of Micro-Kill, 160 premeasured wipes, with a label "Caution: Keep out of reach of children" on the canister.</p> <p>An observation on 5/28/15 at 9:32 A.M. in the</p>	F 323			

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F 323	<p>Continued From page 6</p> <p>North Hall therapy room revealed 1 canister of Micro-Kill bleach free alcohol free wipes, with 160 premeasured wipes, labeled, "Caution: keep out of reach of children".</p> <p>An observation on 6/1/15 at 10:15 A.M. in the North Hall revealed 2 housekeeping staff in a resident's room with the door closed and the housekeeping cart remained in the hall. On top of the housekeeping cart were Window Cleaner, 32 fluid ounces, and foaming disinfectant cleaner, 24 ounces. "Caution: keep out of reach of children" was labeled on both of the bottles. At 10:19 A.M. staff opened the door to the resident's room; the cart was left unattended for 4 minutes.</p> <p>An observation on 6/1/15 at 10:47 A.M. revealed housekeeping staff cleaned a resident's bathroom, out of view of his/her housekeeping cart. Lysol Foam Cleanser, in a 24 ounce bottle remained on top of the cart. At 11:01 A.M. housekeeping staff removed a chemical from his/cart and went back into the resident 's room. The chemicals compartment, with a key hole, faced towards the hall and was not locked. The compartment contained 1 can of Lysol Foam Cleanser, and one bottle of Window Cleaner with the labels that read "Caution: Keep out of reach of children".</p> <p>An interview on 5/27/15 at 9:08 A.M. with licensed nursing staff I stated the maintenance door on the South hall closet should have been locked because it had chemicals in it.</p> <p>An interview on 5/27/15 at 9:33 A.M. with licensed nursing staff I stated the broken glass in the fire alarm should not be there, maintenance would be alerted to clean it.</p>	F 323			

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F 323	<p>Continued From page 7</p> <p>An interview on 5/28/15 at 7:10 A.M. with maintenance staff X stated he/she was told about the glass in the fire alarm. He/she was in charge of cleaning out the glass, checking the area and he/she removed the broken glass from the fire alarm.</p> <p>An interview on 6/1/15 at 10:19 A.M. with housekeeping staff Z revealed the chemicals on the housekeeping cart should have remained with housekeeping staff or locked up at all times. The room basket was supposed to stay with housekeeping staff to hold the chemicals. At 12:40 P.M. he/she stated the housekeeping cart locks were broken.</p> <p>An interview on 6/1/15 at 10:51 A.M. with housekeeping staff Y stated the items in the cart were supposed to remain with him/her while he/she worked in the bathroom or they should have been locked up. At 11:26 A.M. housekeeping staff Y stated he/she did not believe there was a key to lock the chemicals in the housekeeping cart.</p> <p>An interview on 6/2/15 at 10:17 A.M. with maintenance staff X stated the housekeeping carts were supposed to be locked if staff needed to leave. The housekeeping cart locks did not currently work and did not have a key to use them. Chemicals should not be left unattended on the housekeeping cart and chemicals in storage rooms were supposed to be locked at all times.</p> <p>An interview on 6/2/15 at 1:56 P.M. with administrative nursing staff D stated all staff should be responsible for chemicals and</p>	F 323			

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F 323	Continued From page 8 chemicals should be locked in rooms or carts at all times. The facility Chemical policy, not dated, documented employees must be aware of how to handle chemicals used in their work area. The facility must ensure that chemicals were stored properly to promote resident safety. Chemicals that posed a risk of harm to the safety of residents must be stored under lock and key. The facility failed to store chemicals out of reach of 15 cognitively impaired and independently mobile residents in the facility and remove broken glass from a fire alarm in 1 of 2 halls.	F 323			
F 329 SS=D	483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these	F 329			

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F 329	<p>Continued From page 9 drugs.</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 76 residents. The sample included 17 residents, 5 of which were reviewed for unnecessary medications. Based on observation, record review, and interview, the facility failed to monitor behavioral medications for 2 (#30 and #51) residents and failed to initiate a bowel program for 1 (#40) resident reviewed for unnecessary medications.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - The signed Physician's Order Sheet (POS) dated 4/29/15 for resident #51 revealed a diagnosis of psychosis (any major mental disorder characterized by a gross impairment in reality testing). <p>The quarterly Minimum Data Set (MDS) dated 4/24/15 revealed a Brief Interview for Mental Status (BIMS) score of 2 (severe cognitive impairment). The resident demonstrated hallucinations (sensing things while awake that appear to be real, but the mind created) and delusions (untrue persistent belief or perception held by a person although evidence shows it was untrue) and received antipsychotic medications.</p> <p>The behavioral Care Area Assessment (CAA) dated 11/6/14 revealed the resident exhibited verbal aggression and intimidation towards staff, exhibited delusions, and was not easily</p>	F 329			

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F 329	<p>Continued From page 10 re-directed.</p> <p>The care plan dated 5/7/15 for psychotropic medications revealed staff would administer psychotropic medications as ordered and monitor for side effect and effectiveness every shift. The resident received Depakote for psychosis and was a black box warning (BBW) medication.</p> <p>The signed POS dated 5/13/15 revealed orders for Depakote ER (extended release) 250 milligrams (mg) by mouth (PO) at bedtime (HS) for psychosis.</p> <p>Record review on 6/1/15 at 4:34 P.M. lacked documentation a behavioral monitoring form was initiated for Depakote used for psychosis.</p> <p>On 6/2/15 at 10:14 A.M. the resident sat outside quietly smoking.</p> <p>On 6/2/15 at 11:35 A.M. direct care staff Q stated certified medication aides (CMAs) documented resident behaviors on Behavioral Monitoring forms every shift and did not know who initiated the forms.</p> <p>On 6/2/15 at 1:51 P.M. administrative nursing staff E stated CMAs documented resident behaviors and staff should have initiated a Behavioral Monitoring form for Depakote when used for behaviors.</p> <p>The revised policy and procedure dated 3/30/15 titled Behavior/Medication Monitoring revealed staff would monitor residents taking anti-psychotic medications on each 12 hours nursing shift.</p> <p>The facility failed to monitor a behavioral</p>	F 329			

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F 329	<p>Continued From page 11</p> <p>medication for this resident with a diagnosis of psychosis.</p> <p>- The signed Physician's Order Sheet (POS) dated 5/8/15 for resident #40 revealed a diagnosis of constipation (difficulty passing stools).</p> <p>The quarterly Minimum Data Sheet (MDS) dated 4/10/15 revealed a Brief Interview for Mental Status (BIMS) score of 15 (cognitively intact).</p> <p>The reviewed care plan dated 4/23/15 for potential for constipation revealed staff would follow the facility bowel protocol for bowel management.</p> <p>The signed POS dated 5/8/15 revealed order for Colace 100 milligrams (mg) twice daily, Dulcolax 10 mg suppository per rectum as needed (PRN), and Milk of Magnesia (MOM) 30 millimeters (ml) twice daily PRN for constipation.</p> <p>The signed Standing Orders dated 12/30/13 for constipation revealed orders for MOM 30 ml by mouth (PO) daily PRN if no stool in 3 days, Bisacodyl 1 rectal suppository rectally PRN if no stool in 3 days if MOM not effective.</p> <p>The Activity of Daily Living (ADL) form revealed the resident went four days without a BM from 1/9/2015 to (-) 1/12/15 and the PRN Medication Administration Record (MAR) lacked documentation the resident received MOM or Bisacodyl for constipation.</p> <p>The ADL form revealed the resident went five days without a BM from 1/28/15 - 2/1/15 and the</p>	F 329			

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F 329	<p>Continued From page 12</p> <p>PRN MAR lacked documentation the resident received MOM or Bisacodyl for constipation.</p> <p>The ADL form revealed the resident the resident went five days without a BM from 3/18/15 - 3/22/15 and the PRN MAR lacked documentation the resident received MOM or Bisacodyl for constipation.</p> <p>On 6/1/15 at 10:45 A.M. the resident quietly watched television in the common area with other residents.</p> <p>On 6/2/15 at 8:43 A.M. direct care staff O stated certified nursing aides (CNAs) monitored resident BMs every shift and if a resident did not have a BM in 3 days then the CNA notified the charge nurse and the certified medication aide (CMA) would give the resident MOM.</p> <p>On 6/2/15 at 11:35 A.M. direct car staff Q stated CNAs monitored resident BMs every shift and would notify the charge nurse and the CMA provided the resident with MOM.</p> <p>On 6/2/15 at 1:51 P.M. administrative nursing staff E stated if a resident goes three days without a BM the nurse would assess the resident and the CMA would provide the resident MOM.</p> <p>The revised policy and procedure dated 8/2013 titled Bowel Management revealed a daily bowel movement was not necessary, but a resident should not be allowed to go more than three days without a bowel movement.</p> <p>The facility failed initiate standing orders for constipation for this resident with a diagnosis of constipation.</p>	F 329			

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F 329	<p>Continued From page 13</p> <p>- The admission Minimum Data Set (MDS) dated 4/24/15 for resident #30 revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment. He/she displayed fluctuating signs and symptoms of delirium (sudden severe confusion, disorientation and restlessness) including inattention and disorganized thinking. The resident also displayed potential indicators of psychosis (any major mental disorder characterized by a gross impairment in reality testing) including hallucinations (sensing things while awake that appear to be real, but the mind created) and delusions (untrue persistent belief or perception held by a person although evidence shows it was untrue). He/she also had verbal behavioral symptoms directed towards others 1 to 3 days of the review period. The resident received 1 injection, 7 doses of antipsychotic medications (medications used for the treatment of psychosis), 7 doses of antidepressant medication (medication used for the treatment of depression; abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness), and 7 doses of antibiotics during the 7 day look back period.</p> <p>The 4/28/15 Care Area Assessment (CAA) regarding psychotropic drug use revealed he/she received psychotropic and antidepressant medications related to paranoid schizophrenia (psychotic disorder characterized by gross distortion of reality, disturbances of language and communication and fragmentation of thought).</p> <p>The care plan with a revision date of 5/27/15</p>	F 329			

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F 329	<p>Continued From page 14</p> <p>revealed the resident had a history of manipulative and controlling behaviors. Staff monitored for effectiveness of his/her psychotropic medications and documented occurrences of target behaviors per the facility protocol.</p> <p>The physician's order sheet dated 5/3/15 revealed the following medications and start dates: 4/20/15 Zyprexa (antipsychotic medication); 4/15/15 Divalproex (mood stabilizer medication); 4/15/15 Citalopram (antidepressant medication); 4/15/15 Risperidone (antipsychotic medication); 4/15/15 Trazadone (antidepressant medication); 4/20/15 Lorazepam (anxiety medication; mental or emotional reaction characterized by apprehension, uncertainty and irrational fear).</p> <p>Review of the behavior monitoring sheets for April 2015 revealed 2 sheets. The first sheet listed Citalopram, Trazadone, and Divalproex with target behaviors of attention seeking from staff, isolation, and crying. The form failed to indicate which target behavior was associated with which medication classification. The second form listed Divalproex with target behaviors of mood swings and agitation. The forms failed to include monitoring and target behaviors for Zyprexa, Risperidone, and Lorazepam.</p> <p>Review of the May 2015 behavior monitoring revealed 3 sheets. The first sheet listed Risperidone and Zyprexa with target behaviors of verbal outbursts and agitation. The second sheet listed Divalproex with target behaviors of mood swings and agitation. The third sheet listed Citalopram and Trazadone with target behaviors of increased attention seeking from staff,</p>	F 329			

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F 329	<p>Continued From page 15</p> <p>increased isolation, and increased crying or depression. The forms failed to include monitoring and target behaviors for Lorazepam.</p> <p>Observation on 6/1/15 at 10:25 A.M. revealed the resident stood in the south hallway conversing with an activity staff member.</p> <p>Interview on 6/2/15 at 8:55 A.M. with licensed nursing staff H revealed he/she was unsure which staff member developed the behavior monitoring sheets. He/she reported staff should monitor for all psychotropic medications with specific targeted behaviors.</p> <p>Interview on 6/2/15 at 11:11 A.M. with administrative staff B revealed social services developed the target behavior for psychotropic medication monitoring. The target behavior were developed based on the resident's history, interviews with the resident, and observations made by staff members. The behavior monitoring forms should include target behaviors for psychotropic medications that the resident received.</p> <p>Interview on 6/2/15 at 11:35 A.M. with administrative nursing staff D revealed the behavior monitoring sheets were to include all psychotropic medications the resident received.</p> <p>The policy provided by the facility with a revision date of 3/2015 regarding behavior/medication monitoring revealed the facility must monitor residents appropriately including those that received antipsychotics, antianxiety medications, and other medications the facility felt that monitoring was necessary.</p>	F 329			

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F 329	Continued From page 16	F 329			
F 428	The facility failed to develop specific targeted behaviors for all psychotropic medications in order to assess for effectiveness for this resident who received multiple psychotropic medications.				
SS=D	483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON	F 428			
	The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.				
	The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.				
	This REQUIREMENT is not met as evidenced by: The facility reported a census of 76 residents. The sample included 17 residents, 5 of which were reviewed for unnecessary medications. Based on observation, record review, and interview, the facility pharmacy consultant JJ failed to identify and report the facility's failure to monitor behavioral medications for 1(#30) resident and failure to initiate a bowel program for 1 (#40) resident reviewed for unnecessary medications.				
	Findings included: - The signed Physician's Order Sheet (POS) dated 5/8/15 for resident #40 revealed a diagnosis of constipation (difficulty passing stools).				

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F 428	<p>Continued From page 17</p> <p>The quarterly Minimum Data Sheet (MDS) dated 4/10/15 revealed a Brief Interview for Mental Status (BIMS) score of 15 (cognitively intact).</p> <p>The reviewed care plan dated 4/23/15 for potential for constipation revealed staff would follow the facility bowel protocol for bowel management.</p> <p>The signed POS dated 5/8/15 revealed order for Colace 100 milligrams (mg) twice daily, Dulcolax 10 mg suppository per rectum as needed (PRN), and Milk of Magnesia (MOM) 30 millimeters (ml) twice daily PRN for constipation.</p> <p>The signed Standing Orders dated 12/30/13 for constipation revealed orders for MOM 30 ml by mouth (PO) daily PRN if no stool in 3 days, Bisacodyl 1 rectal suppository rectally PRN if no stool in 3 days if MOM not effective.</p> <p>The Activity of Daily Living (ADL) form revealed the resident went four days without a BM from 1/9/2015 to (-) 1/12/15 and the PRN Medication Administration Record (MAR) lacked documentation the resident received MOM or Bisacodyl for constipation.</p> <p>The ADL form revealed the resident went five days without a BM from 1/28/15 - 2/1/15 and the PRN MAR lacked documentation the resident received MOM or Bisacodyl for constipation.</p> <p>The ADL form revealed the resident the resident went five days without a BM from 3/18/15 - 3/22/15 and the PRN MAR lacked documentation the resident received MOM or Bisacodyl for constipation.</p>	F 428			

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F 428	<p>Continued From page 18</p> <p>The Medication Regimen Review from 3/19/14 to 5/2/15 lacked identification of bowel management initiation for lack of bowel movements greater than 3 days.</p> <p>On 6/1/15 at 10:45 A.M. the resident quietly watched television in the common area with other residents.</p> <p>On 6/2/15 at 8:43 A.M. direct care staff O stated certified nursing aides (CNAs) monitored resident BMs every shift and if a resident did not have a BM in 3 days then the CNA notified the charge nurse and the certified medication aide (CMA) would give the resident MOM.</p> <p>On 6/2/15 at 11:35 A.M. direct car staff Q stated CNAs monitored resident BMs every shift and would notify the charge nurse and the CMA provided the resident with MOM.</p> <p>On 6/2/15 at 1:51 P.M. administrative nursing staff E stated if a resident goes three days without a BM the nurse would assess the resident and the CMA would provide the resident MOM.</p> <p>On 6/3/15 at 9:27 A.M. interview attempted with pharmacy consultant JJ.</p> <p>The revised policy and procedure dated 8/2013 titled Bowel Management revealed a daily bowel movement was not necessary, but a resident should not be allowed to go more than three days without a bowel movement.</p> <p>The facility pharmacy consultant JJ failed to identify and report the facility's failure to initiate standing orders for constipation for this resident</p>	F 428			

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F 428	<p>Continued From page 19 with a diagnosis of constipation.</p> <p>- The admission Minimum Data Set (MDS) dated 4/24/15 for resident #30 revealed a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment. He/she displayed fluctuating signs and symptoms of delirium (sudden severe confusion, disorientation and restlessness) including inattention and disorganized thinking. The resident also displayed potential indicators of psychosis (any major mental disorder characterized by a gross impairment in reality testing) including hallucinations (sensing things while awake that appear to be real, but the mind created) and delusions (untrue persistent belief or perception held by a person although evidence shows it was untrue). He/she also had verbal behavioral symptoms directed towards others 1 to 3 days of the review period. The resident received 1 injection, 7 doses of antipsychotic medications (medications used for the treatment of psychosis), 7 doses of antidepressant medication (medication used for the treatment of depression; abnormal emotional state characterized by exaggerated feelings of sadness, worthlessness and emptiness), and 7 doses of antibiotics during the 7 day look back period.</p> <p>The 4/28/15 Care Area Assessment (CAA) regarding psychotropic drug use revealed he/she received psychotropic and antidepressant medications related to paranoid schizophrenia (psychotic disorder characterized by gross distortion of reality, disturbances of language and communication and fragmentation of thought).</p>	F 428			

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F 428	<p>Continued From page 20</p> <p>The care plan with a revision date of 5/27/15 revealed the resident had a history of manipulative and controlling behaviors. Staff monitored for effectiveness of his/her psychotropic medications and documented occurrences of target behaviors per the facility protocol.</p> <p>The physician's order sheet dated 5/3/15 revealed the following medications and start dates: 4/20/15 Zyprexa (antipsychotic medication); 4/15/15 Divalproex (mood stabilizer medication); 4/15/15 Citalopram (antidepressant medication); 4/15/15 Risperidone (antipsychotic medication); 4/15/15 Trazadone (antidepressant medication); 4/20/15 Lorazepam (anxiety medication); mental or emotional reaction characterized by apprehension, uncertainty and irrational fear).</p> <p>Review of the behavior monitoring sheets for April 2015 revealed 2 sheets. The first sheet listed Citalopram, Trazadone, and Divalproex with target behaviors of attention seeking from staff, isolation, and crying. The form failed to indicate which target behavior was associated with which medication classification. The second form listed Divalproex with target behaviors of mood swings and agitation. The forms failed to include monitoring and target behaviors for Zyprexa, Risperidone, and Lorazepam.</p> <p>Review of the May 2015 behavior monitoring revealed 3 sheets. The first sheet listed Risperidone and Zyprexa with target behaviors of verbal outbursts and agitation. The second sheet listed Divalproex with target behaviors of mood swings and agitation. The third sheet listed</p>	F 428			

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F 428	<p>Continued From page 21</p> <p>Citalopram and Trazadone with target behaviors of increased attention seeking from staff, increased isolation, and increased crying or depression. The forms failed to include monitoring and target behaviors for Lorazepam.</p> <p>Review of the medication regimen review revealed the consultant pharmacist reviewed the resident's medications on 4/20/15 and 5/12/15. Review of the consultant pharmacist's notes lacked evidence that he/she identified and notified the facility of their failure to develop target behaviors and monitor all psychotropic medications.</p> <p>Observation on 6/1/15 at 10:25 A.M. revealed the resident stood in the south hallway conversing with an activity staff member.</p> <p>Interview on 6/2/15 at 8:55 A.M. with licensed nursing staff H revealed he/she was unsure which staff member developed the behavior monitoring sheets. He/she reported staff should monitor for all psychotropic medications with specific targeted behaviors.</p> <p>Interview on 6/2/15 at 11:11 A.M. with administrative staff B revealed social services developed the target behavior for psychotropic medication monitoring. The target behavior were developed based on the resident's history, interviews with the resident, and observations made by staff members. The behavior monitoring forms should include target behaviors for psychotropic medications that the resident received.</p> <p>Interview on 6/2/15 at 11:35 A.M. with administrative nursing staff D revealed the</p>	F 428			

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F 428	Continued From page 22 behavior monitoring sheets were to include all psychotropic medications the resident received. An interview was attempted with consultant pharmacist JJ on 6/3/15 at 9:27 A.M. The policy provided by the facility with a revision date of 3/2015 regarding behavior/medication monitoring revealed the facility must monitor residents appropriately including those that received antipsychotics, antianxiety medications, and other medications the facility felt that monitoring was necessary. The consultant pharmacist failed to identify and notify the facility of their failure to develop target behaviors and monitor all psychotropic medications for this resident.	F 428			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection	F 441			

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F 441	<p>Continued From page 23</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: The facility reported a census of 76 residents. The sample included 17 residents. Based on observation, record review, and interview, the facility failed to sanitize a glucose monitoring machine between residents for 1 of 4 days on survey.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - On 5/28/15 at 10:50 A.M. direct care staff P used the same blood glucose machine and checked the blood sugars of residents #75 and #22 and did not sanitize the glucose monitoring machine between residents. <p>On 5/28/15 at 11:00 A.M. direct care staff P stated she/he should have sanitized the blood</p>	F 441			

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F 441	Continued From page 24 glucose monitoring machine between residents. On 6/2/15 at 1:51 P.M. administrative nursing staff E stated staff should sanitize glucose monitoring machines between residents. The revised policy and procedure dated 8/2013 titled Testing Blood Sugar via Accu-Check Meter revealed staff would disinfect meters with Micro-Kill wipes between use or storage. The facility failed to sanitize a glucose monitoring machine between resident use.	F 441			
F 463 SS=E	483.70(f) RESIDENT CALL SYSTEM - ROOMS/TOILET/BATH The nurses' station must be equipped to receive resident calls through a communication system from resident rooms; and toilet and bathing facilities. This REQUIREMENT is not met as evidenced by: The facility identified a census of 76 residents. Based on observation, record review, and interview the facility failed to ensure call lights were functioning properly on 2 of 2 hallways. Findings included: - Observation on 5/28/15 at 8:20 A.M. revealed on the north hall, 1 resident room bed call light cord did not function properly and 1 resident room and bathroom call lights failed to light on the enunciator panel at the nurse's station. The south hall had 2 resident room call lights that did not function properly.	F 463			

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 175418	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/03/2015
NAME OF PROVIDER OR SUPPLIER PROVIDENCE LIVING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1112 SE REPUBLICAN TOPEKA, KS 66607		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 463	Continued From page 25 Interview on 5/28/15 at 8:40 A.M. with maintenance staff X revealed he/she acknowledged the above mentioned call lights were not functioning properly but should. The policy provided by the facility with a revision date of 11/18/13 regarding call light checks revealed all resident rooms and resident bathrooms must have call lights which produce a signal at the nurse's desk and in the corridor to alert staff to resident needs. The facility failed to ensure all call lights functioned properly.	F 463			